

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

0 4 — 0 0 7

2. STATE

OHIO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 1, 2004

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

1903(v) of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 2005 \$ 0

b. FFY 2006 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6A p. 2-3 and 3.1A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 2.6A p. 23 and 3.1A

*Ohio (04-007)*  
*approved: 12/31/04*  
*effective: 12/01/04*

10. SUBJECT OF AMENDMENT

Medicaid coverage for Optional Qualified Aliens. Propose to amend the state plan to cover Optional Qualified Aliens under 1903(v) of the Act.

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED Governor has delegated  
signature to ODJFS Director.

12. SIGNATURE OF STATE AGENCY OFFICIAL

*Thomas J. Hayes*

13. TYPED NAME Thomas J. Hayes

14. TITLE Director

15. DATE SUBMITTED

16. RETURN TO

Becky Jackson  
ODJFS/BHPP  
30 East Broad Street, 27th Floor  
Columbus, OH 43215-3414

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

9/29/04

18. DATE APPROVED

*12/31/04*

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

*December 1, 2004*

20. SIGNATURE OF REGIONAL OFFICIAL

*Cheryl A. Harris*

21. TYPED NAME

Cheryl A. Harris

22. TITLE

Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS

RECEIVED  
SEP 29 2004  
DMCH - IL/IN/OH

Revision:

September 2004

OMB No. 0938-

State:

Ohio

Citation	3.1 Amount, Duration, and Scope of Services (Continued)
1903 (v) of the Act and 42 CFR 440.255(c)	<p>(a)(6) Limited Coverage for Certain Aliens</p> <p>The state provides eligibility for Medic aid to non-citizens of the United States as outlined below:</p> <p>An otherwise eligible qualified alien subject to the 5-year bar, a qualified alien whose eligibility is optional under section 402 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 or a non-qualified alien is eligible only for care and services necessary to treat an emergency medical condition as defined in section 1903(v) of the Act and section 42 CFR 440.255(c)</p>
1905(a)(9) of the Act	<p>(a)(7) Homeless Individuals.</p> <p>Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.</p>
1902(a)(47) and 1920 of the Act	<p>(a)(8) Presumptively Eligible Pregnant Women.</p> <p>Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.</p>
42 CFR 441.55 50 CFR 43654 1902(a)(43) 1905(a)(4)(B) 1905 (r) of the ACT	<p>(a)(9) EPSDT Services</p> <p>The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B) and 1905(r) of the Act with respect to early and periodic screening, diagnostic and treatment (EPSDT) services.</p>

TN No. 04-007  
Supersedes  
TN No. 91-19

Approval Date DEC 03 2004Effective Date 12/1/2004

HCFA ID: 7982E

Revision: \_\_\_\_\_

Attachment 2.6-A

September 2004

Page 2

OMB No. 0938-

State:

Ohio

Citation

Condition or Requirement

	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
42 CFR 435.402	3. The state provides eligibility for Medicaid to non-citizens of the United States provided the individual is residing in the United States (including residing in the state of Ohio) and is otherwise eligible for Medicaid and--
P.L. 104-193	a. Is a United States citizen.
	b. Is a qualified alien as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended, (P.L. 104-193) whose coverage is mandatory under either section 402 or 403 of such Act.
P.L. 104-193	<input type="checkbox"/> c. Is a qualified alien whose eligibility is optional under section 402 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended.
Section 1903(v) of the Social Security Act	d. Is a qualified alien subject to the 5-year bar in section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended, is a qualified alien whose eligibility is optional under section 402 of such Act, or is a non-qualified alien under such Act. The requirement under Medicaid that the eligible individual receive SSI, a Federally administered state supplementary payment, or payment under Title IV-A does not apply to the individuals described in this paragraph. Medicaid services available to otherwise eligible individuals described in this paragraph are limited to treatment of emergency medical conditions as defined in section 1903(v) of the Act.

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Supersedes

TN No. 91-27

HCFA ID: 7985E

Revision: \_\_\_\_\_

Attachment 2.6-A

September 2004

Page 3  
OMB No. 0938-

State:

Ohio

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CitationCondition or Requirement

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42 CFR 435.403  
1902(b) of the Act

4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.

☐ State has interstate residency agreement with the following states:

Available upon request for review in the Office of Ohio Health Plans.

☐ State has open agreement(s).☐ Not applicable; no residency requirement.

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TN No. 04-007  
Supersedes  
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